

Application to Serve

Committee Choice

Which Boards would you like to apply for?

Contractor Review Board: Submitted

Question applies to Contractor Review Board

For A Licensed (Florida Preferred) Architect, Engineer or Contractor, Please Attach a Copy of Your State Certification or License.

If Appointed Please be Advised that if Your Active, Authorized or Certified Licensing Status Changes, It Is Your Responsibility to Notify the City Clerk Within Five (5) Business Days.

Question applies to Contractor Review Board

Which Board Member Seat are You Applying For? *

☒ A Licensed (Florida Preferred) Contractor

Qualifications required for the MPO SUP Advisory Committee Position.

Question applies to multiple boards

Of Committees Marked How Many Meetings Have You Attended?

140

Question applies to multiple boards

New Member

☐ Yes ☒ No

Question applies to multiple boards

Returning Member

☒ Yes ☐ No

Profile

Oscar

First Name

Gavin

Middle Initial

Last Name

Post Office Box 118

Street Address

Suite or Apt

Sanibel

City

FL

State

33957

Postal Code

Home: (239) 472-2931

Primary Phone

Mobile: (239) 851-2226

Alternate Phone

poolofsoloam@msn.com

Email Address

NUMBER OF MONTHS RESIDING ON SANIBEL ANNUALLY

12

Year Round Resident

☒ Yes ☐ No

Employer

Occupation

BACKGROUND: (EDUCATION & EXPERIENCE)

Required Information

n/a

Upload a Resume

COMMUNITY INVOLVEMENT

Required Information

n/a

WHY ARE YOU INTERESTED IN THIS APPOINTMENT?

Required Information

n/a

MPO Application to submit for your respective Advisory Committee

Please be certain you have completed the "Background: (Education & Experience)", "Community Involvement", and "Why Are You Interested In This Appointment?" text box fields before submitting your application. Thank you.

Please Enter In Today's Date

11/17/22

Name of Applicant

Oscar Gavin

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